

Form **4** **Wisconsin Corporation**  
**Franchise or Income Tax Return**

**2010**

For 2010 or taxable year beginning                                         and ending                                        

**Complete form using BLACK INK.** **Due Date:** 15th day of 3rd month following close of taxable year.  
Corporation or Designated Agent Name \_\_\_\_\_

DO NOT STAPLE OR BIND

Number and Street			Suite Number
City	State	ZIP (+ 4 digit suffix if known)	<b>A</b> Federal Employer ID Number
<b>D</b> Check <input type="checkbox"/> if applicable and attach explanation: 1 <input type="checkbox"/> Amended return 2 <input type="checkbox"/> First return - new corporation or entering Wisconsin 3 <input type="checkbox"/> Final return - corporation dissolved or withdrew 4 <input type="checkbox"/> Short period - change in accounting period 5 <input type="checkbox"/> Short period - stock purchase or sale			<b>B</b> Business Activity (NAICS) Code _____  <b>C</b> State of Incorporation _____ and Year _____ Enter abbreviation of state in box, or if a foreign country, enter below. <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></table> C C Y Y

**Check  if applicable and see instructions:**

- E**  If this is a combined return. Enter number of companies included ► \_\_\_\_\_
- F**  If you have an extension of time to file. Enter extended due date
- G**  If no business was transacted in Wisconsin during the taxable year. Attach a complete copy of your federal return.
- H**  If you have related entity expenses and are required to file Schedule RT with this return.
- I**  If this return is for an insurance company (check only if this is not a combined return).
- J**  If you filed a federal consolidated return. Enter Parent Company's federal employer ID number ► \_\_\_\_\_



**ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS**

PAPER CLIP check or money order here

<b>1</b> If this is a combined return, enter the amount from Form 4R, line 21. If this is not a combined return, enter the amount from Form 1120, line 28. . . . .	<b>1</b>		.00
<b>2</b> Additions (from Schedule V, line 13) . . . . .	<b>2</b>		.00
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>		.00
<b>4</b> Subtractions (from Schedule W, line 15) . . . . .	<b>4</b>		.00
<b>5</b> Subtract line 4 from line 3 . . . . .	<b>5</b>		.00
<b>6</b> Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8) . . . . .	<b>6</b>		.00
<b>7</b> Subtract line 6 from line 5. <i>Combined groups: This is your combined unitary income.</i> . . . . .	<b>7</b>		.00
<b>8</b> Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4A, line 8c, except 100% Wisconsin groups enter "100.0000%." Separate entity filers enter the apportionment percentage from Form 4A-1 or Form 4A-2. If the percentage is from Form 4A-2, check (✓) the space after the arrow . . . . .	<b>8</b>		%
<b>9</b> Multiply line 7 by line 8 . . . . .	<b>9</b>		.00
<b>10</b> Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14) . . . . .	<b>10</b>		.00
<b>11a</b> Add lines 9 and 10 . . . . .	<b>11a</b>		.00
<b>11b</b> <i>Combined returns only:</i> Net capital loss adjustment (from Form(s) 4M, line N) . . . . .	<b>11b</b>		.00
<b>11c</b> Subtract line 11b from line 11a . . . . .	<b>11c</b>		.00
<b>11d</b> Loss adjustment for insurance companies (from Schedule(s) 4I, line 24) . . . . .	<b>11d</b>		.00
<b>11e</b> Add lines 11c and 11d. This is the Wisconsin income before net business loss carryforwards . . . . .	<b>11e</b>		.00



- 35a** Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?  
 Yes  No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.
  
- 35b** Did you include the income of the LLCs listed for item 35a in this return?  
 Yes  No
  
- 36** Did you (or did any member of the combined group) purchase , license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax?  
 Yes  No
  
- 37** Did any adjustments made by the Internal Revenue Service to your income (or to the income of any member of the combined group) become finalized during this year?  
 Yes  No If yes, see instructions.
  
- 38** Person to contact concerning this return: \_\_\_\_\_  

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
  
- 39** City and state where books and records are located for audit purposes: \_\_\_\_\_
  
- 40** List the locations of Wisconsin operations: \_\_\_\_\_
  
- 41** Are any manufacturing facilities located in Wisconsin?  
 Yes  No

*Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Signature of Officer ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number	Date

**You must file a copy of your federal return with Form 4, even if no Wisconsin activity.**

**If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.**

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue  
 PO Box 8908  
 Madison WI 53708-8908

